P14000035921

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





500305206835

11/06/17--01026--013 **35.00

FILEL 2:40

C. GOLDEN NOV 0 8 2017

TRANSMITTAL LETTER

SUBJECT: (Name of C	orporation)
DOCUMENT NUMBER: P14000035921	
The enclosed Officer/Director Resignation for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
LIUVYS DOMINGUEZ	
(Name of Person)	
E & M SCHOOL TRANSPORTATION SERVICES OF SW FLORIDA, INC	
(Name of Firm/Company)	
3160 4TH ST NW	
(Address)	
NAPLES FL 34120	
(City/State and Zip Code)	····
For further information concerning this matter, please of	all:
LIUVYS DOMINGUEZ at (Area (Area	9 ₃ 465-6919
(Name of Person) (Area	Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, MILEIDYS BETANCO	URT	, hereby resign as PRESIDENT			
`` <u> </u>		_,	···	(Title	-)
E & M SCHOOL TRANSPORTA	TION SE	RVICES OF	SW FLORI	DA, INC.	
	of Corporati	on)		-	
P14000035921 (Document Number, if known)	_, а согро	ration organiz	ed under the I	aws of the S	State of
FLORIDA					
	ignature of	Bola- resigning officer	/director)	Service of the Contraction	FILEL 2017 NOV -6 PH 2: 40

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314